

No. 01-98DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Zenovia Sodor Parry
 Sex F Date of Death February 9, 1998
 Place of Death Southborough, 22 Main St

Date of Birth October 23, 1943

Immediate Cause Advanced Liver Metastasis

Certifier Mary Costanza M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Cemetery Southboro

Name of Facility Rural Cemetery

Date Permit Issued 2/12/98

No. 01-98DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Zenovia Sodor Parry

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or Town)

on February 14, 1998

Final Disposition Sec.1-C, Lot1, Grave #2

Certified by _____
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Richard K. CollettiSex Male Date of Death March 9, 1998Place of Death Southborough, MA 93 Pine Hill RdDate of Birth September 19, 1935Immediate Cause Mesothelioma, MetastaticCertifier Anthony L. Boral M.D.Permit Issued To Morris Funeral HomeDisposition At Rural Cemetery SouthboroName of Facility Morris Funeral HomeDate Permit Issued March 11, 1998DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Southborough Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Richard K. Colletti

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 13, 1998Final Disposition Sec. 2, Lot 38C, Grave #1Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Karen L. Walsh
Sex F Date of Death March 12, 1998
Place of Death Southborough, MA
Date of Birth April 16, 1947
Immediate Cause Metastatic Colon Cancer
Certifier Christopher N. Seidler M.D.
Permit Issued To Nancy Morris Morris Funeral Home
Disposition At Rural Cemetery
Name of Facility Morris Funeral Home
Date Permit Issued March 16, 1998

No. 03-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Southborough Town Clerk
(Office issuing permit)
City or Town of Southborough Mass
Name of Decedent Karen L. Walsh
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)
on March 16, 1998
Final Disposition Sec B-East Lot 16 Grave #5
Certified by [Signature] Gillman
(Signature of Superintendent, cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

No. 04-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edward A. Angeleico

Sex M Date of Death March 14, 1998

Place of Death Southborough, MA 20 Central St

Date of Birth June 18, 1918

Immediate Cause Stroke

Certifier Peter M. Brem M.D.

Permit Issued To Morris Funeral Home 40 Main St

Disposition At Rural Cemetery, Southborough, MA

Name of Facility Morris Funeral Home 40 Main St Southborough

Date Permit Issued March 16, 1998

No. 04-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Edward A. Angeleico

If a U.S. War Veteran, specify what war, organization, etc.

WWII

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on March 17, 1998

Final Disposition Sec. R. East, Lot 12 Grave #4

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-98DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Arthur Ivison SchofieldSex M Date of Death April 2, 1998Place of Death Southborough 236 Parkerville RdDate of Birth August 7, 1925Immediate Cause Metastatic CholangiocarcinomaCertifier Edward Kamans M.D.Permit Issued To John C BryantDisposition At Weston, MAName of Facility Linwood CemeteryDate Permit Issued 4/3/98No. 05-98DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit) 01772City or Town of Southborough Mass.Name of Decedent Arthur Ivison Schofield

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at LINWOOD CEMETERY, WESTON
(Name of cemetery or crematory) (City or Town)on April 6, 1998Final Disposition BURIAL-VAULT LOT 654Certified by David J. Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARY-JANE F. BolandSex F Date of Death April 10, 1998Place of Death Southborough, MA 35 EAST MAIN STDate of Birth August 18, 1932Immediate Cause ACUTE MYOCARDIAL INFARCTIONCertifier Shyla Shrinath M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At Southborough, MAName of Facility RURAL CEMETERYDate Permit Issued April 14, 1998

06-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent MARY-JANE F. Boland

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 15, 1998Final Disposition Sec. 15, Lot 8, Grave #4Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent JOAN Kathleen Ford

Sex F Date of Death MAY 13, 1998

Place of Death Southborough, MA

Date of Birth FEBRUARY 3, 1947

Immediate Cause RESPIRATORY ARREST

Certifier MARY-ELLEN TAPLIN M.D.

Permit Issued To Nancy Morris / Morris Funeral Home

Disposition At Southborough, MA

Name of Facility Rural Cemetery

Date Permit Issued MAY 14, 1998

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent JOAN Kathleen Ford

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on May 16, 1998

Final Disposition Sec. 1, Lot 11/C, Grave #1

Certified by Mary-ellen Taplin
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

08-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Margaret B Pearson
 Sex Female Date of Death June 5 1998
 Place of Death Southborough
 Date of Birth October 1, 1914
 Immediate Cause Cardiopulmonary Arrest
 Certifier STEVEN FINE M.D.
 Permit Issued To MORRIS Funeral Home
 Disposition At Newton Crematory
 Name of Facility Newton Crematory
 Date Permit Issued June 6 1998

08-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Boo Town Church
 (Office issuing permit)

City or Town of Southboro Mass.
 Name of Decedent Margaret Pearson

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its terms

at Newton Crematory Newton
 (Name of cemetery or crematory) (City or Town)

on 6/9/98

Final Disposition

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

09-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Patricia A. Dudley

Sex

F

Date of Death

September 17, 1998

Place of
Death

Southborough

Date of
Birth

March 30, 1945

Immediate
Cause

Respiratory failure

Certifier

Dolly Geervanghese

M.D.

Permit
Issued To

Morris Funeral Home

Disposition
At

Burial

Name of
Facility

Morris Funeral Home

Date Permit
Issued

Sept. 18, 1998

09-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

Southboro Town Clerk

(Office issuing permit)

City or Town of

Southboro

Mass

Name of Decedent

Patricia A. Dudley

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on September 19, 1998

Final Disposition Sec 4, Lot 2, Grave #4

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 10-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARIA Sochor
 Sex F Date of Death November 15, 1998
 Place of Death Southborough, MA 20 Main ST
 Date of Birth June 16, 1916
 Immediate Cause Cardiac Arrest
 Certifier Jocelyne Caplow M.D.
 Permit Issued To Morris Funeral Home
 Disposition At Southborough, MA
 Name of Facility Rural Cemetery
 Date Permit Issued November 17, 1998

No. 10-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Southborough Town Clerk
 (Office issuing permit)
 City or Town of Southborough Mass.
 Name of Decedent MARIA Sochor

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or Town)

on November 21, 1998

Final Disposition Sec 1, Lot 11-B, Grave #2

Certified by [Signature]
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

11-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Joyce Anne Hickey

Sex F Date of Death

November 23, 1998

Place of
Death49 Southville Road
Southborough, MADate of
Birth

June 12, 1937

Immediate
Cause

Respiratory Failure

Certifier

Dr. Anthony C. Howes, M.D.

Permit
Issued To

November 24, 1998

Disposition
At

Attleboro, MA

Name of
Facility

North Purchase Crematory

Date Permit
Issued

November 24, 1998

11-98

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

Southborough Town Clerk
(Office issuing permit)

City or Town of

Southborough

Mass

Name of Decedent

Joyce ANNE Hickey

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

NORTH PURCHASE ATTLEBORO

(Name of cemetery or crematory)

(City or Town)

on

NOVEMBER 27 1998

Final Disposition

CREMATED

Certified by

Evano Simone

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
DecedentSex M Date of DeathPlace of
DeathDate of
BirthImmediate
Cause

Certifier

Permit
Issued ToDisposition
AtName of
FacilityDate Permit
IssuedDISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

City or Town of

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City or Town)

on

Final Disposition

C o.

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

01-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Shirley B. MACHICOSTAS

Sex F Date of Death

JANUARY 20, 1999
Hill RdPlace of
Death

Southborough, 39 Breakneck

Date of
Birth

April 15, 1936

Immediate
Cause

ACUTE respiratory Failure

Certifier DR. Jack Leitner M.D.

Permit
Issued To

Morris Funeral Home

Disposition
At

Rural Cemetery

Name of
Facility

Southborough, MA

Date Permit
Issued

1/22/99

01-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

Town Clerk
(Office issuing permit)

City or Town of

Southborough Mass

Name of Decedent

Shirley B. Machicostas

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Cemetery, Southborough, MA
(Name of cemetery or crematory) (City or Town)

on

January 25, 1999

Final Disposition

Burial in Section F, Lot # 110

Certified by

Robert L. Gillman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ottavio RosettiSex M Date of Death Feb 2, 1999Place of Death SouthboroughDate of Birth ItalyImmediate Cause Ischemic CardiomyopathyCertifier David Lentin M.D.Permit Issued To American Cremation SocietyDisposition At Linwood CrematoryName of Facility American Cremation SocietyDate Permit Issued February 3, 1999

02-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMITThis section to be returned immediately, properly endorsed
to Town Clerk
(Office issuing permit)City or Town of Southborough Mass:Name of Decedent Ottavio Rosetti

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

CREMATION

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Linwood Cemetery-Crematory, Haverhill, MA
(Name of cemetery or crematory) (City or Town)on FEB - 4 1999

Final Disposition

Certified by Michael Kenney
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Arthur Herbert Melin Jr.
 Sex M Date of Death April 17, 1920
 Place of Death Southborough
 Date of Birth February 11, 1999
 Immediate Cause Cancer of Liver
 Certifier Peter M. Brem M.D.
 Permit Issued To Nancy Morris / Richard S. Mansfield
 Disposition At Rural Crematory
 Name of Facility Frank H. Miles Co.
 Date Permit Issued February 12, 1999

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SAUNDERS
 (Office issuing permit)
 City or Town of Southborough Mass.
 Name of Decedent Arthur Herbert Melin Jr.
 If a U.S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body of Arthur Herbert Melin Jr. permit was
 disposed of in accordance with its terms.

at Rural Crematory
150 Grove Street
Worcester, MA 01605
 (Name of cemetery or crematory) (City or Town)
 on FEB 15 1999

Final Disposition
 Certified by Arthur T. Scanlon
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Sex F Date of Death

Place of
DeathDate of
BirthImmediate
Cause

Certifier

Permit
Issued ToDisposition
AtName of
FacilityDate Permit
Issued

Marion G. Connor

Feb. 22, 1999

Southboro, MA

Feb 27, 1904

Congestive heart failure

Robert C. Sumner

M.D.

John P. Rowe, Jr.

Rural Cemetery

John Rowe Funeral Home

February 22, 1999

04-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

Town Clerk

(Office issuing permit)

City or Town of

Southborough

Mass:

Name of Decedent

Marion G. Connor

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on February 25, 1999

Final Disposition Section 1-A, Lot Ewest, Grv#3

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

05-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Irene Froateus

Sex F Date of Death June 12, 1999
84 Main St

Place of Death Southborough, MA

Date of Birth January 17, 1910

Immediate Cause Cardiac arrest

Certifier Nadia L. Rodberg M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Southboro

Date Permit Issued 6/15/99

05-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Southboro Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Irene Froateus

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on June 17, 1999

Final Disposition Sec. 12, Lot 29, Grave #3

Certified by Bridget C. Gallen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Annabelle R. MacleodSex F Date of Death June 13, 1999Place of Death SouthboroughDate of Birth August 27, 1909Immediate Cause Congestive Heart FailureCertifier Edward B. Jaffe M.D.Permit Issued To Thomas H. HaysDisposition At Maplewood CemeteryName of Facility Leland Hays F.H.Date Permit Issued June 15, 1999

06-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of Decedent Annabelle R. Macleod

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat MAPLEWOOD CEMETERY MARLBOROUGH
(Name of cemetery or crematory) (City or Town)on JUNE 18, 1999Final Disposition LOT 1007Certified by Ralph K. Kowar
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

07-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Oscar Decoteau

Sex

M

Date of Death

June 15, 1999

Place of
Death

Southborough

Date of
Birth

November 12, 1940

Immediate
Cause

Cardiac Arrhythmia

Certifier

Graham Putnam & Mahoney M.D.

Permit
Issued To

Graham Putnam & Mahoney

Disposition
AtNew Swedish Cemetery
Worcester, MAName of
Facility

Graham Putnam & Mahoney

Date Permit
Issued

June 22, 1999

No. 08-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Stanley Ciso
Sex M Date of Death August 16, 1999
Place of Death Southborough
Date of Birth April 28, 1937
Immediate Cause Lung Cancer
Certifier Raulo F. Elias M.D.

Permit Issued To J.J. Shepherd & Sons, Inc
Disposition At Mayflower Cemetery
Name of Facility J.J. Shepherd & Sons
Date Permit Issued August 17, 1999

No. 08-99

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)
City or Town of Southboro Mass
Name of Decedent Stanley Ciso
If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at (Name of cemetery or crematory) (City or Town)
on AUG 19 1999
Mayflower Cemetery, Duxbury, Mass.
Final Disposition Ave. MARK 434A Cr
Certified by (Signature of Superintendent of cemetery or crematory)
If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Manik ChandraSex M Date of Death August 18, 1997Place of Death SouthboroughDate of Birth June 2, 1955Immediate Cause Hanging (skeltonized remains)Certifier William Zane, Examiner M.D.Permit Issued To Nordgren Corrigan MargeeDisposition At Rural Cemetery CrematoryName of Facility Nordgren, Corrigan MargeeDate Permit Issued August 20, 1997DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Manik Chandra

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms Rural Crematoryat 180 Grove Street
(Name of cemetery or crematory) Worcester, MA 01605on AUG 20 1999

Final Disposition

Certified by Arthur T Scanlon
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ricky Van AndrewsSex M Date of Death 9/2/99Place of Death SouthboroughDate of Birth January 18, 1960Immediate Cause Blunt Trauma of HeadCertifier Alexander Chirkov M.D.Permit Issued To Henderson Funeral HomeDisposition At Oak Grove CemeteryName of Facility Henderson Funeral HomeDate Permit Issued September 9, 1999DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Ricky Van Andrews

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Oak Grove Cemetery
(Name of cemetery or crematory) of SPRINGFIELD, INC. (City or town)on Sept. 11, 1999Final Disposition buried
JOHN A. HOFFMANCertified by SUPT.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

01/2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Adeline Schild

Sex F Date of Death JANUARY 7, 2000

Place of Death Southborough 11 John St

Date of Birth March 11, 1924

Immediate Cause Cardiac Arrest

Certifier Nadia L. Rolberg, M.D.

Permit Issued To Scott R. Homel
Nadia L. Rolberg,

Disposition At Cremation

Name of Facility Duxbury Cremation

Date Permit Issued January 11, 2000

01/2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to

(Office issuing permit)

City or Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City or Town)

on

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southboro Mass.

Name of Decedent Adeline F. Schild

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, MA
(Name of cemetery or crematory) (City or Town)

on January 13, 2000

Southborough Rural Cemetery
Final Disposition Sec. 9, Lot 16A, Grv#1B (cremains)

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

02/2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Anna Jenny Marie Kallander
 Sex F Date of Death February 15, 2000
 Place of Death Southborough 18 Meadow Lane
 Date of Birth September 19, 1902
 Immediate Cause Congestive Heart Failure
 Certifier Christopher Scola M.D.

Permit Issued To Morris Funeral Home

Disposition Cremation
 At

Name of Facility Rural Cemetery, Worcester

Date Permit Issued February 16, 2000

02-2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
 (Office issuing permit)

City or Town of Southboro Mass.

Name of Decedent Anna Kallander

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its plans.

at Rural Crematory
180 Grove Street
 (Name of cemetery or crematory) (City or Town)
Worcester, MA 01605
 on **FEB 17 2000**

Final Disposition

Certified by Anthony J. Kallander
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Roland A. Messier

Sex M Date of Death February 26, 2000

Place of Death Southborough, 6 Cross St

Date of Birth December 27, 1911

Immediate Cause Myocardial Infarction

Certifier Neal M. Fallis M.D.

Permit Issued To John P. Rowe, Funeral Home

Disposition At Burial

Name of Facility Rural Cemetery

Date Permit Issued Feb 28, 2000

No. 03-2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Roland A. Messier

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory) (City or Town)

on February 29, 2000Final Disposition Sec. 1, Lot 31A, Grave #1

Certified by [Signature]

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

04-00

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Frank John DouglasSex M Date of Death April 1, 2000Place of Death SouthboroughDate of Birth April 26, 1921Immediate Cause SepsisCertifier Michelle Zheng M.D.Permit Issued To Eugene D. McCarthy, Jr.Disposition At BurialName of Facility St. Stephen's CemeteryDate Permit Issued April 3, 2000

04-00

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent FRANK JOHN DOUGLAS

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat St. Stephen Cem. Framingham
(Name of cemetery or crematory) (City or Town)on 4/3/00Final Disposition sect. 2, lot 86-87 # 6 of 9Certified by Richard Dunning
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent John L. Cochrane

Sex M Date of Death April 14, 2000

Place of Death Southborough

Date of Birth Arlington, April 7, 1939

Immediate Cause Cardiac Arrhythmia

Certifier William M. Kelly M.D.

Permit Issued To Morris

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued April 15, 2000

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent John L. Cochrane

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on April 18, 2000

Final Disposition Sec. 2, Lot 29C, Grave #1

Certified by Bridget A. Galleney
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 01-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Tammym. Kinzler

Sex F Date of Death March 1 2001

Place of Death 376 Turnpike Road Rm. 201
Southborough, MA

Date of Birth March 21, 1961

Immediate Cause Pending Toxicology

Certifier Jennifer K. Lipman M.D.

Permit Issued To Charles Aufiero

Disposition At Cambridge Com Cambridge

Name of Facility Donovan Aufiero F. H.

Date Permit Issued March 7, 2001

No. 01-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Tammym. Kinzler

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Cambridge Cemetery Cambridge
(Name of cemetery or crematory) (City or Town)

on March 8, 2001

Final Disposition

Certified by James J. Rye
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Herman L. Monette

Sex M Date of Death April 13, 2001

Place of Death Southborough, MA

Date of Birth Dec. 3, 1924

Immediate Cause Congestive Heart Failure

Certifier Deborah Riester M.D.

Permit Issued To Nancy G. Morris

Disposition At Rural Cemetery, Southborough, MA

Name of Facility Morris Funeral Home

Date Permit Issued April 17, 2001

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Herman L. Monette

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on April 17, 2001

Final Disposition Sec. A, Lot 121 Grave #8

Certified by Superintendent G. Gullone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*

Name of Decedent Bert Alonzo Farris, Jr.

Sex M Date of Death April 23, 2001

Place of Death Southborough, MA-

Date of Birth April 8, 1934

Immediate Cause Multiple ^{Blunt} Traumatic Injuries

Certifier Jennifer K. Lipman M.D.

Permit Issued To Guy B. Dostie

Disposition At Maine Veteran Memorial Cemetery, Augusta, Maine

Name of Facility Pinette Funeral Homes
87 Bartlett St. Lewiston, ME

Date Permit Issued April 26, 2001

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Irene Maryann Thivierge
 Sex F Date of Death May 6, 2001
 Place of Death Southborough
 Date of Birth September 28, 1916
 Immediate Cause Metastatic Lung Cancer
 Certifier John Clark M.D.

Permit Issued To Roland W. Martin
Haverhill, MA

Disposition At Linwood Crematory

Name of Facility R.W. Martin, F.H.
308 Paotucket St. Lowell, MA
 Date Permit Issued May 7, 2001 01854

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
 (Office issuing permit) 01772
 City or Town of Southborough Mass.
 Name of Decedent Irene Maryann Thivierge
 If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

CREMATION

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
 disposed of in accordance with its terms

at Linwood Cemetery-Crematory, Haverhill, MA
 (Name of cemetery or crematory) (City or Town)
 on MAY - 8 2001

Final Disposition

Certified by Michael Kennedy
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Charles Geoffrey Merrill

Sex M Date of Death March 8, 1989

Place of Death Providence, Rhode Island

Date of Birth July 22, 1954

Immediate Cause Multiple Fractures & Internal Injuries

Certifier M.D.

Permit Issued To Bridget Gilleney, Supervisor of Rural Cemetery

Disposition At Rural Cemetery, Sboro, MA

Name of Facility Bridget Gilleney, Supervisor of Rural Cemetery

Date Permit Issued June 11, 2001

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent Charles Geoffrey Merrill

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA
(Name of cemetery or crematory) (City or Town)

on June 11, 2001

Final Disposition Section F, Grave #52A

Certified by Bridget Gilleney
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Norman E. WellmanSex M Date of Death Sept. 21, 2001Place of Death May 12, 1925 SouthboroughDate of Birth May 12, 1925Immediate Cause Cerebrovascular accidentCertifier Glenn R. Randall M.D.Permit Issued To Thomas F. CroninDisposition At Rural Crematory, Worcester, MAName of Facility Callanan F. 16.34 Church St. Hopkinton MADate Permit Issued September 24, 2001DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Norman E. Wellman

If a U.S. War Veteran, specify what war, organization, etc.

WWII

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Crematory
(Name of cemetery or crematory) (City or Town)on SEP 25 2001 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John W. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Russell G. GmsdenSex M Date of Death Oct 27, 2001Place of Death SouthboroughDate of Birth December 3, 1919Immediate Cause Multiple Traumatic InjuriesCertifier Richard Evans M.D.Permit Issued To Michael S. Ciccarelli 01906Disposition At 549 Lincoln Ave. Scituate, MA
Puritan Lawn Mem Park
West Peabody, MAName of Facility Bisbee-Porcella Fun HomeDate Permit Issued October 30, 2001